CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commi 00054543		2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Armando A.			Date Received	
					ELECTRONICA	J I Y FII FD
	NICKNAME			CUEFIX	07/08/2023	
	NICKNAME Mando	LAST Martinez		SUFFIX	01700/2023	
	Manuo	Martinez				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1651					_
ADDRESS					Receipt #	Amount
Change of Address	Weslaco, TX 78599-1651					
					Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER		Rodolfo		1411		
NAME	DI.	Rodollo				
	NIO(4) A LA					
		LAST		SUFFIX		
		Guerrero				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP [*]	Γ / SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	1402 E. 8th St., Ste. 1					
(Residence or Business)						
	Weslaco, TX 78596					
7 CAMPAIGN	AREA CODE PHON	E NUMBER - E	VTENCION			
7 CAMPAIGN TREASURER		E NUMBER E	EXTENSION			
PHONE	(956) 968-2117					
8 REPORT						
TYPE	January 15	30th day before	election \square	Runoff	15th day after can	nnainn treasurer
] court day beliefe		L	appointment (office	
	X July 15	8th day before e	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	ROUGH	06/30/202	23	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pr	rimary	Runoff	Other	
	03/05/2024	□G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
III OFFICE	State Representative Distri	ict 39		State Represent		
		.00				
		GO T	O PAGE 2			
ı						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 72

13 C / OH NAME	Martinez, Armando A	(The Honorable)	1	4 Filer ID 00054543	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or These expenditures may have be officeholders are required to repo	en made without the	e candidate's or of	ficeholder's kr	nowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	3		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTION ES OF LOANS, OR CONTRIBUTI			S, \$	0.00
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARAN	TEES OF LOANS)		\$	241.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$				0.00	
	4. TOTAL POLITIC	AL EXPENDITURES			\$	145,864.33
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAIN RIOD	ED AS OF THE LAS	ST DAY OF THE	\$	4,250.31
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANI TING PERIOD	DING LOANS AS O	F THE LAST DAY	\$	28,665.85
17 AFFIDAVIT		true and corre	irm, under penalty c ct and includes all i , Election Code.			
			The Honorable	e Armando A. M	artinez	
			Signature of C	Candidate or Office	holder	
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		day
of	, 20, to ce	rtify which, witness my hand and	seal of office.			
Signature of offi	cer administering	Printed name of officer adm	inistering	Title of offi	cer administe	ring oath

SUBTOTALS - C/OH

FORM C/OH **COVER SHEET PG 3**

			3 0	of 72				
18 FILER NAME Martinez, Ar	18 FILER NAME Martinez, Armando A. (The Honorable) 19 Filer ID (Ethics Commission Filers) 00054543							
20 SCHEDULE S	SUBTOTAL AMOU	NT						
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2	241.08				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3. S	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4. X S	SCHEDULE E: LOANS		\$ 15,8	308.48				
5. X S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 34,6	658.74				
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 86,4	400.00				
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$					
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 6,1	140.57				
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 18,6	665.02				
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12. S	\$							

The Instruction Guide explains how to complete this form. Sch: 1/1 i	es Schedule A1: Rpt: 4/72 (Ethics Commission Filers)
	(Ethics Commission Filers)
2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (00054543	
	*Contribution (\$) \$0.96
Berkeley, CA 94704	
8 Principal occupation / Job title (See Instructions)9 Employer (See Instructions)None	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Walker, Nathaniel Contributor address; City; State; Zip Code	Contribution (\$) \$240.12
Austin, TX 78752	
Principal occupation / Job title (See Instructions) Employer (See Instructions) Public Affairs Self	

	LOANS							SCHEDU	LE E
	The Instruction		ges Schedule E: 3 Rpt: 5/72						
2	FILER NAME Martinez, Armar	do A. (The Honorable)				1	Filer ID 000545	(Ethics Commission	Filers)
4	TOTAL OF UN	TAL OF UNITEMIZED LOANS							0.00
5	Date of loan 03/16/2023	7 Name of lender Martinez, Armando		out-of-state PA	C (ID#:)	9 Loan Amount (\$)	\$2,500.00
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate11 Maturity Date	
		Weslaco, TX 78596						06/16/2024	
12	Principal occupation Construction/Ow	on / Job title (See Instructio ner	ns)		13 Employer (See Instructions Self	s)			
14	Description of Coll X None	ateral			15 Check if personal funds we	ere d	eposited	l into political account (See Instructions	
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guarante	ed (\$)
	X not applicable	18 Guarantor address;	City;	State;	Zip Code				
20 Principal occupation 21 Employer (See Instructions)							<u> </u>		
	Date of loan	Name of lender		out-of-state PA	.C (ID#:)	Loan Amount (\$)	
	04/21/2023	Martinez, Armando						\$	5,000.00
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No							Maturity Date	
		Weslaco, TX 78596			T			04/21/2024	
	Construction/Ow	on / Job title (See Instructio	ns)		Employer (See Instructions Self	5)			
	Description of Coll				Check if personal funds were deposited into political account				
	X None	atorai			(See Instructions				
	GUARANTOR INFORMATION	Name of guarantor						Amount Guarante	eed (\$)
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation	on			Employer (See Instructions	S)			

	LOANS							SCHEDULE E	
	The Instruction	ages Schedule E: /3 Rpt: 6/72							
2	FILER NAME Martinez, Arman	do A. (The Honorable)				ı	Filer ID	(Ethics Commission Filers) 543	
4	TOTAL OF UN	OTAL OF UNITEMIZED LOANS							00
5	Date of loan 05/30/2023	7 Name of lender Martinez, Armando		out-of-state PA	C (ID#:)	9 Loan Amount (\$) \$5,000.0	00
6	Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest Rate11 Maturity Date	
		Weslaco, TX 78596						05/30/2024	
12	Principal occupation Construction/Ow	on / Job title (See Instructio ner	ns)		13 Employer (See Instructions Self	s)		1	
14	Description of Coll X None	ateral			15 Check if personal funds we	ere d	eposited	d into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor						19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address;	City;	State;	Zip Code		•••••		
20 Principal occupation 21 Employer (See Instructions)								ı	
	Date of loan	Name of lender		out-of-state PA	C (ID#:)	Loan Amount (\$)	_
	06/01/2023	Martinez, Armando						\$308.4	18
	Is lender a financial institution?	Lender address;	City;	State;	Zip Code			Interest Rate	
	No							Maturity Date	
		Weslaco, TX 78596						06/01/2024	
	Construction/Ow	on / Job title (See Instructio	ns)		Employer (See Instructions Self	5)			
	Description of Coll				Check if personal funds were deposited into political account				
	X None	atorai			(See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor						Amount Guaranteed (\$)	
	X not applicable	Guarantor address;	City;	State;	Zip Code				
	Principal occupation	on			Employer (See Instructions	5)			

LOANS	SCHEDULE E
The Instruction Guide explains how to complete this form.	1 Total pages Schedule E: Sch: 3/3 Rpt: 7/72
2 FILER NAME Martinez, Armando A. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00054543
4 TOTAL OF UNITEMIZED LOANS	\$ 0.00
5 Date of loan	9 Loan Amount (\$) \$3,000.00
6 Is lender a financial institution? 8 Lender address; City; State; Zip Code	10 Interest Rate
No Weslaco, TX 78596	11 Maturity Date 06/27/2024
12 Principal occupation / Job title (See Instructions)13 Employer (See InstructionConstructionSelf	ons)
14 Description of Collateral 15 Check if personal funds X None X	were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 17 Name of guarantor	19 Amount Guaranteed (\$)
x not applicable 18 Guarantor address; City; State; Zip Code	
20 Principal occupation 21 Employer (See Instruction	ons)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment		The Instruction Guide explains how to co	ompl	ete this form.			
1	Total pages Schedule F1:	2	2 FILER NAME 3 Filer ID (Ethics Commiss					
	Sch: 1/34 Rpt: 8/72		Martinez, Armando A. (The Honorable)		00054543			
4	Date	5	Payee name					
	01/04/2023		AMLI Eastside					
6	Amount (\$)	7	Payee address; City; State; Zip C	ode				
	\$2,046.99		1000 San Marcos St.					
			Austin, TX 78702					
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Apartment		Check if travel outside of Texas. Complete Schedule T.			
	EXI ENDITORE				Check if Austin, TX, officeholder living expense			
					Rent While in Austin for Legislative Session			
_	Commission ONII V if dispost	<u> </u>	Condidate/Office leader record	. aulas	Office heald			
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name Office so	ugni	Office held			
		_						
	Date		Payee name					
	02/03/2023		AMLI Eastside					
	Amount (\$)		Payee address; City; State; Zip C	ode				
	\$2,045.24		1000 San Marcos St.					
			Austin, TX 78702					
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Apartment		Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense			
					Rent While in Austin for Legislative Session			
					Trong William Tradem for Logician Coccion			
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> uaht	Office held			
	expenditure to benefit C/OI	Н		3				
	Date		Payee name					
	03/03/2023		AMLI Eastside					
	Amount (\$)		Payee address; City; State; Zip Ci	ode				
	\$2,048.03		1000 San Marcos St.	oue				
	Ψ2,040.00		1000 Suri Marcos St.					
			Austin, TX 78702					
		<u> </u>		l a >				
	PURPOSE OF	(a) 	Category (See Categories listed at the top of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Apartment		X Check if Austin, TX, officeholder living expense			
					Rent While in Austin for Legislative Session			
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	Office held			
	expenditure to benefit C/OI	Н						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a extragor and listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 2/34 Rpt: 9/72	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	_
	04/04/2023	AMLI Eastside	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$2,058.57	1000 San Marcos St.	
	, _ ,		
		Auctin TV 70702	
_		Austin, TX 78702	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel systems of Tayon Complete Categories I.	
	EXPENDITURE	Apartment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense	
		Rent While in Austin for Legislative Session	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/O		
	Date	Davisa nama	_
	05/03/2023	Payee name AMLI Eastside	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,271.46	1000 San Marcos St.	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Apartment Check if travel outside of Texas. Complete Schedule T.	
		Rent While in Austin for Legislative Session	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office hold	_
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	06/05/2023	AMLI Eastside	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,476.26	1000 San Marcos St.	
		Austin, TX 78702	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Apartment Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	X Check if Austin, TX, officeholder living expense	
		Rent While in Austin for Legislative Session	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	Emportance to bottom 0/01		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/34 Rpt: 10/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	06/27/2023	AMLI Eastside
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$44.14	1000 San Marcos St.
		Austin, TX 78702
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Austin Apartment Check if travel outside of Texas. Complete Schedule T.
		Otinty. Water
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	<u></u>	
	Date	Payee name
	06/24/2023	ActBlue Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.92	P. O. Box 441146
		Somerville, MA 02144
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Processing Fee for Contribution Service
		Frocessing Fee for Contribution Service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	5 .	
	Date	Payee name
	01/27/2023	Alvarado, Jorge
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1603 Canton Street
		Alton, TX 78513
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Fundraiser for Medical Expenses
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/34 Rpt: 11/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	01/13/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.58	1200 12th Avenue South
		Ste. 1200
		Seattle, WA 98144
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Coffee for Capitol Office
		Collee for Capitol Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ĺ	expenditure to benefit C/OI	
	Date	Payee name
	05/23/2023	American Legion Auxiliary
	Amount (\$)	Payee address; City; State; Zip Code
	\$125.00	118 Cottonwood Lane
		Little Elm, TX 75068
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship for Annual Convention
		Sponsoremp for 7 militar Softwartaen
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	02/14/2023	Cano, Albert (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1418 S. Texas Blvd.
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Fullulaisei loi Fulleiai Expelises
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/34 Rpt: 12/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/28/2023	Cano, Albert (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1418 S. Texas Blvd.
		Mercedes, TX 78570
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship for Cook-Off
		Spanisaring for each en
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	05/16/2023	Cano, Albert (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1418 S. Texas Blvd.
	Ψ200.00	1410 S. Texas divu.
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Spansorship for South Toyas Pod, White, and Plue
		Sponsorship for South Texas Red, White, and Blue Festival Cook-Off
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	05/16/2023	Cano, Albert (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1418 S. Texas Blvd.
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Sponsorship for Harlingen Police Department Cook-
		Off Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 6/34 Rpt: 13/72	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
	01/25/2023	Cantu, Lorenzo
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	300 S. 1st Street
		Donna, TX 78537
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Fundraiser for Medical Expenses
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	01/27/2023	Castillo , Jose
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	107 Pena Ave.
	Ψ100.00	107 Felia Ave.
		Weslaco, TX 78537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	LAI LIIDITORE	Candidate/Officeholder/Political Committee
		Fundraiser for Medical Expenses
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/08/2023	Castillo , Jose
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	107 Pena Ave.
	φ300.00	107 Felia Ave.
		Weslaco, TX 78537
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	Candidate/Officeholder/Political Committee
		Fundraiser
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/34 Rpt: 14/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	03/31/2023	Central Middle School
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	506 E. 6th Street
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ad and Sponsorship for Band Banquet
		Ad and Sponsorship for Band Banquet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
L		
	Date	Payee name
	01/10/2023	Citibank - Mastercard
	Amount (\$)	Payee address; City; State; Zip Code
	\$283.49	P. O. Box 78045
		Phoenix, AZ 78062-8045
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Payment
		T dyfficint
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	03/02/2023	City of Alamo
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	420 N. Tower Road
		Alamo, TX 78516
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Sponsorship for Watermelon Festival
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to belieff 0/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee	Legal Services The Instruction Guide 6	Salaries/\	Wages	/Contract Labor		OTHER (enter a	category not listed abov	e)
1	Total pages Schedule F1:	2 FILER NAMI					3	Filer ID	(Ethics Commission	n Filers)
	Sch: 8/34 Rpt: 15/72		rmando A. (The Hor	orable)				00054543		·
4	Date	5 Payee name								
	01/23/2023	City of Aus	tin							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
	\$32.58	P. O. Box 2	2267							
		Austin, TX	78783							
8	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				므		de of Texas. Com		
	_					_		officeholder living		
						Electricity for	Au	ізші Арагині	erit.	
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıght			Office he	eld	
	Date	Payee name								
	02/22/2023	City of Aus								
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$53.78	P. O. Box 2	•	, ,						
	φοσο	1.0.50								
		Austin, TX	78783							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees				=		de of Texas. Com		
	_					_		officeholder living		
						Electricity for	Au	istiii Apartiiit	5111	
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	l Jaht			Office he	eld	
	expenditure to benefit C/O		ioonoidoi ridino	000	.g			000		
	Date	Payee name								
	03/21/2023	City of Aus								
	Amount (\$)	Payee addre		State; Zip Co	nde					
	\$58.89	P. O. Box 2		O.a.o,p o.						
	φοσ.σσ	1.0.50								
		Austin, TX	78783							
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Fees						de of Texas. Com		
	EXI ENDITORE							officeholder living		
						Electricity for	AU	ısıırı Apartme	tiil	
_	Computate ONU V if alice	Condidate 100	ia ala alalan na cere	04				O#: !	.la	
	Complete ONLY if direct expenditure to benefit C/OH		iceholder name	Office sou	ıgnt			Office he	eiu	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense expenses and listed choice)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Tatal as a second of the Education	
1	Total pages Schedule F1:	
	Sch: 9/34 Rpt: 16/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	04/21/2023	City of Austin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.92	P. O. Box 2267
	,,,,,	
		Austin TV 70700
		Austin, TX 78783
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Electricity for Austin Apartment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
L	experience to belieff C/Of	·
	Date	Payee name
	05/19/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.04	P. O. Box 2267
		Austin TV 70702
		Austin, TX 78783
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Electricity for Austin Apartment
		Liebtholty for Austin Apartment
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	•	
	Date	Payee name
L	06/21/2023	City of Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$71.55	P. O. Box 2267
		Austin, TX 78783
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Electricity for Austin Apartment
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card F ayment	The Instruction Guide explains h	now to com	plete this form.		
1	Total pages Schedule F1:	FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 10/34 Rpt: 17/72	$\label{eq:martinez} \mbox{Martinez, Armando A. (The Honorable)}$			00054543	
4	Date	Payee name		•		
	01/13/2023	City of Weslaco				
6	Amount (\$)	Payee address; City; State;	Zip Code	е		
	\$62.28	255 S. Kansas Ave.				
		Weslaco, TX 78596				
8	PURPOSE	Category (See Categories listed at the top of this sche	edule) (I	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		<u> </u>	utside of Texas. Co	
	EXI ENDITORE			District Office:	TX, officeholder livir	ng expense
				District Office.	Otilities	
9	Complete ONLY if direct	Candidate/Officeholder name O	Office sough	nt .	Office h	oold
9	expenditure to benefit C/O	Candidate/Officeriolder Harrie	nnce sougi	ıı	Office i	iciu
	Date	Davies ware				
	03/17/2023	Payee name City of Weslaco				
			7:- 01	_		
	Amount (\$)		Zip Code	e		
	\$62.01	255 S. Kansas Ave.				
		W TV 70500				
		Weslaco, TX 78596				
	PURPOSE OF	Category (See Categories listed at the top of this sche	edule) (I	Description	utside of Texas. Co	mploto Sahadulo T
	EXPENDITURE	Office Overhead/Rental Expense		ш	TX, officeholder livir	
				District Office:	Utilities	
	Complete ONLY if direct	Candidate/Officeholder name O	office sough	nt	Office h	neld
	expenditure to benefit C/O					
	Date	Payee name				
	04/14/2023	City of Weslaco				
	Amount (\$)	Payee address; City; State;	Zip Code	е		
	\$62.58	255 S. Kansas Ave.				
		Weslaco, TX 78596				
	PURPOSE	Category (See Categories listed at the top of this sche	edule) (I	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense			utside of Texas. Co	
				District Office:	TX, officeholder livir	ng expense
				District Office.	Cuntios	
\vdash	Complete ONLY if direct	Candidate/Officeholder name O	office sough	 nt	Office h	neld
	expenditure to benefit C/O		20091		2111001	
I						

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Transport in District Travel in District Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 11/34 Rpt: 18/72	Martinez, Armando A. (The Honorable) 00054543	
4	Date	5 Payee name	_
	05/19/2023	City of Weslaco	
6	Amount (\$) \$69.48	7 Payee address; City; State; Zip Code 255 S. Kansas Ave.	
Ļ		Weslaco, TX 78596	_
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office: Utilities	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/16/2023	City of Weslaco	
	Amount (\$) \$76.38	Payee address; City; State; Zip Code 255 S. Kansas Ave.	
		Weslaco, TX 78596	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office: Utilities	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date	Payee name	_
	02/17/2023	City of Weslaco	
	Amount (\$) \$62.01	Payee address; City; State; Zip Code 255 S. Kansas Ave.	
		Weslaco, TX 78596	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense District Office: Utilities	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 12/34 Rpt: 19/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/07/2023	Cuellar, Michael
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	1701 E. 29th Street
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		4H Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/06/2023	Diaz, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,800.00	P. O. Box 774
	Ψ1,000.00	1. O. BOX 114
		Edinburg, TX 78540
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Media Articles
		modia / tuoise
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	02/17/2023	Early Childhood Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P. O. Box 2910
	Ψ230.00	1. O. Box 2310
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wiembership Dues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 13/34 Rpt: 20/72	2 FILER NAME Martinez, Armando A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054543
4	Date	5 Payee name
	03/31/2023	Elks Lodge
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	201 S. Border AVe.
	4200.00	101 O. 20100. 711 O.
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Fundraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
L		
	Date	Payee name
	04/25/2023	Elks Lodge
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	201 S. Border AVe.
	+333.33	101 O. 20100. 711 O.
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Ad and Sponsorship for the McCaleb Shrimp Boil
		Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
-	Data	Para series
	Date	Payee name
	02/06/2023	Fountain of Mercy Ministries
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	448 S. Texas Blvd.
		Weslaco, TX 78596
	DUDDOCE	a. In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Contributions/Donations Made Ry Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeriolder/Political Committee Fundraiser
		i unutuisci
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/OI	<u> </u>

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 14/34 Rpt: 21/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	06/12/2023	Garcia, Joel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	816 E. Pike
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Tamer o Bay Event 1 1265
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<u> </u>	<u> </u>	
	Date	Payee name
	04/25/2023	Garcia, John
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	3800 Rico Street
		Weslaco, TX 78596
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Sponsorship for Washington, DC Trip
		Sponsorship for Washington, De Trip
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	01/02/2023	HEB
	Amount (\$)	Payee address; City; State; Zip Code
	\$111.84	2000 RR 620 S.
		Austin, TX 78734
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Beverages, Food, and Supplies for Capitol Office
<u> </u>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/34 Rpt: 22/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/05/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$39.96	2000 RR 620 S.
		Austin, TX 78734
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Coffee for Capitol Office
		Confection Capitor Critice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	02/13/2023	IT Caucus
H	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P. O. Box 2910
	,	
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership Dues
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/25/2023	Juarez, Frank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	3256 Los Arcos Circle
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ad and Sponsorship for Smokin' on the Rio Cook-Off
		Au and Sponsorship for Smokin on the Rio Cook-On
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/34 Rpt: 23/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/14/2023	Knights of Columbus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	150 N. Ohio Ave.
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ad and Sponsorship for Golf Tournament Fundraiser
		Ad and Sponsorship for Oth Tournament I undraiser
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/10/2023	Lone Star National Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	P. O. Box 1127
		Pharr, TX 78577
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Charge
		Service Charge
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	05/10/2023	Lone Star National Bank
H	Amount (\$)	Payee address; City; State; Zip Code
	\$82.15	P. O. Box 1127
	¥02.20	. , , , , , , , , , , , , , , , , , , ,
		Pharr, TX 78577
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Service Charge
\vdash	Operated ONE VIII	Open Highest (Office health and an
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/34 Rpt: 24/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	06/09/2023	Lone Star National Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.00	P. O. Box 1127
		Pharr, TX 78577
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Service Charge
		Service charge
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
\vdash	Date	Davies same
		Payee name
	06/16/2023	Lone Star Shredding
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.00	1970 W. Expressway 83
		Mercedes, TX 78570
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Shredding
		Siriedaling
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Data	Davies same
	Date 01/03/2023	Payee name Magic Valley Electric Coop
	Amount (\$)	Payee address; City; State; Zip Code
	\$176.32	1 3/4 Miles East Business 83
		Mercedes, TX 78570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office: Electricity
		District Office. Electricity
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Wages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a d	trict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
L	Sch: 18/34 Rpt: 25/72	\bigsqcup	Martinez, Aı	mando A. (The Ho	onorable)					00054543		
4	Date	5	Payee name									
	02/02/2023		Magic Valle	y Electric Coop								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode					
	\$194.86		1 3/4 Miles	East Business 83								
			Mercedes, 7	TX 78570								
8	PURPOSE	(a)	Category (Se	e Categories listed at the to	op of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			nead/Rental Exper		,		=		de of Texas. Comp		
	LA LADITORL							_		officeholder living	expense	
								District Office	;. ⊏	i c ciricity		
_	Complete ONLY if direct		andidate/Off:	coholdor nama		effice ca:	lap+			Office he	Id	_
9	Complete ONLY if direct expenditure to benefit C/OI		anuiuale/Offi	ceholder name		ffice sou	ugrit			Office ne	iu	
	Date		Payee name									
	03/03/2023		Magic Valle	y Electric Coop								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode					
	\$164.90		1 3/4 Miles	East Business 83								
			Mercedes, 7	TX 78570								
	PURPOSE	(a)	Category (Se	e Categories listed at the to	op of this sche	edule)	(b)	Description				_
	OF EXPENDITURE			nead/Rental Exper		•		—		de of Texas. Comp		
	ZA ZABITORZ							—		officeholder living	expense	
								District Office	;. ⊏	i c cli icity		
_	Complete ONLY if direct		andidate/Offi	ceholder name		ffice sou	laht			Office he	ld .	_
	expenditure to benefit C/Ol		andidate/Offi	scholuer name	O	1110G 20L	agrit			Office fie	iu	
\vdash	Data	_	Davis =									_
	Date 03/31/2023	ı	Payee name Magic Valle	y Electric Coop								
				· ·		7:	1					_
	Amount (\$)	l	Payee addres		State;	Zip Co	ode					
	\$137.62		⊥ 3/4 MIIes I	East Business 83								
			Mercedes, 7	TX 78570								
	PURPOSE	(a)	Category (Se	e Categories listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Office Overl	nead/Rental Exper	nse			ш		de of Texas. Comp		
								District Office		officeholder living	expense	
								District Office	<i>.</i> . ∟	icon forty		
	Complete ONLY if direct		andidate/Offic	ceholder name		ffice sou	laht			Office he	ld	-
	expenditure to benefit C/O		a. raidato/OIII	osordor namo	O	00 000	~9·11			Cilioc fic		
												_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
sing Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (outer a category pet listed above)

	Candidate/Officeholder/Politica		mmittee Legal Services Frinting Expense Frinting Expension				OTHER (enter a	trict category not listed above)
	Credit Card Payment		The Instruction Guide explains how to compl	olet	e this form.				
1	Total pages Schedule F1:	2	FILER NAME		(3	Filer ID	(Ethics Commission	Filers)
	Sch: 19/34 Rpt: 26/72		Martinez, Armando A. (The Honorable)				00054543		
4	Date	5	Payee name		<u> </u>				
	05/04/2023		Magic Valley Electric Coop						
6	Amount (\$)	7	Payee address; City; State; Zip Code						
Ĭ	\$133.71	ľ	1 3/4 Miles East Business 83						
	¥2002		_ 0, 100 _uot _ uo000 00						
			Marandan TV 70570						
		⊢	Mercedes, TX 78570	_					
8	PURPOSE OF	(a)	c , (cor canagement and are top or and constant)] (י ד	Description		l4 T O	oloto Colordolo T	
	EXPENDITURE		Office Overhead/Rental Expense	ŀ	=		le of Texas. Comp officeholder living		
				 	District Office:				
							•		
9	Complete ONLY if direct		Candidate/Officeholder name Office sought	t			Office he	eld	
	expenditure to benefit C/O	Н	•						
	Date	Т	Payee name	_					
	06/01/2023		Magic Valley Electric Coop						
	Amount (\$)	┢	Payee address; City; State; Zip Code						
	\$114.01		1 3/4 Miles East Business 83						
	411 1101		1 o/ 1 Million Last Business so						
			Mercedes, TX 78570						
	DUDDOCE	(0)							
	PURPOSE OF	(a)	o , (g	ין ני ד	Description Check if travel or	ıtsir	le of Texas. Comp	nlete Schedule T	
	EXPENDITURE		Office Overhead/Rental Expense	ţ			officeholder living		
				Ī	District Office:	ΕI	ectricity		
	Complete ONLY if direct		Candidate/Officeholder name Office sought	t			Office he	eld	
	expenditure to benefit C/O	Н							
	Date		Payee name						
	06/12/2023		Magic Valley Retired School Personnel Assn.						
	Amount (\$)		Payee address; City; State; Zip Code	;					
	\$45.00		918 Palm Heights St.						
			Mercedes, TX 78570						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b)) [Description				
	OF EXPENDITURE		Fees	[utsic	le of Texas. Comp	olete Schedule T.	
	EXPENDITORE			[officeholder living	expense	
				ı	Membership D	ue	es		
	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			_					
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought	t			Office he	eld	
		-							

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor					Travel in District Travel Out of District OTHER (enter a category not listed above)			
	creat card r dyment	_	The Instruction Guide	e explains hov	w to comp	olete this form.					
1	Total pages Schedule F1:	2 FILER NAM	IE				3	Filer ID	(Ethics Commission Filers)		
	Sch: 20/34 Rpt: 27/72	Martinez, A	Armando A. (The Ho	onorable)				00054543			
4	Date	5 Payee name	Δ								
	01/12/2023	I	Armando (Rep.)								
6	Amount (\$)	7 Payee addr	. ,,	State; Z	Zip Code	•					
	\$2,500.00	P. O. Box	1651								
		Weslaco, ⁻	TX 78596								
8	PURPOSE	(a) Category	See Categories listed at the to		(h) Description					
	OF	l	ayment/Reimbursen		ie) (_ `	outs	ide of Texas. Co	mplete Schedule T.		
	EXPENDITURE	Loan Kept	xyment (cimbarsen	iioiit		Check if Austin	ı, TX	, officeholder livir	ng expense		
						Reimbursem	ent	for Prior P	eriod Schedule G		
9	Complete ONLY if direct	Candidate/Of	fficeholder name	Offic	ce sough	t		Office h	neld		
	expenditure to benefit C/OI				3.						
_	Data										
	Date	Payee nam									
	01/04/2023	Martinez, <i>i</i>	Armando (Rep.)								
	Amount (\$)	Payee addr	ess; City;	State; Z	Zip Code	•					
	\$500.00	P. O. Box	1651								
Weslaco, TX 78596											
	PURPOSE	(a) Category			(h) Description					
	OF	l	See Categories listed at the to ayment/Reimbursen		ie)	_ ·	outsi	ide of Texas. Co	mplete Schedule T.		
	EXPENDITURE	Loan Repo	ayınıenii i Kelinibul Sen	Helit		<u> </u>		, officeholder livir			
		Reimbursement for Prior Period Schedu							eriod Schedule G		
	Complete ONLY if direct	Candidate/Ot	fficeholder name	Offic	ce sough	t		Office h	neld		
	expenditure to benefit C/OI	H			J						
-	Data										
	Date	Payee nam									
	05/15/2023	Martinez, <i>i</i>	Armando (Rep.)								
	Amount (\$)	Payee addr	ess; City;	State; Z	Zip Code	•					
	\$500.00	P. O. Box	1651								
		Weslaco, ⁻	TX 78596								
H	PURPOSE		See Categories listed at the to		(n)) Description					
	OF	l	See Categories listed at the to ayment/Reimbursen		ie)		outsi	ide of Texas. Co	mplete Schedule T.		
	EXPENDITURE	Luan Repa	ayınlenik Kelinbursen	HEHL				, officeholder livir			
									eriod Schedule G		
Complete ONLY if direct Candidate/Officeholder name Office sought Office held						neld					
	expenditure to benefit C/OI			Sinc	- 5 00 agn	· -		3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· - · -		
F 0.	me provided by Tayas E	thine Commice	sion	v othice stat	to ty uc				Version V2 5.1 a18ea2c		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/34 Rpt: 28/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	01/10/2023	Martinez, Armando (Rep.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,216.51	P. O. Box 1651
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursement for Prior Period Schedule G
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/05/2023	Medina, Natasha
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1802 Ennis Joslin Rd., Apt. 725
		Corpus Christi, TX 78412
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fundraiser for World Youth Day Pilgrimage to
		Portugal
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/24/2023	Mercedes High School
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	1200 Florida St.
		Mercedes, TX 78570
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Hole Sponsor for Golf Tournament Fundraiser
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

ursement Solicitation/Fundraising Expense
Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T-t-1 O-b1-1- E1:	
1	Total pages Schedule F1:	
	Sch: 22/34 Rpt: 29/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	06/16/2023	Mercedes High School
6	Amount (\$)	7 Payee address; City; State; Zip Code
١	` '	
	\$250.00	1200 Florida St.
		Mercedes, TX 78570
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ad and Sponsorship for Football Program
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash	Data	Davies same
	Date	Payee name
	02/06/2023	Mercedes Tigers
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P. O. Box 1524
		Mercedes, TX 78570
	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Tayon Complete Schedule T
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Youth Football Ad and Sponsorship
		Todal i Coloda i i di di di Gronosio i i p
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	Ÿ
	· 	
	Date	Payee name
	01/25/2023	Mexican-American Legislative Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	202 West 13th Street
	•	
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Membership Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Cara i ayment	The Instruction Guide explains how to co	mplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 23/34 Rpt: 30/72	Martinez, Armando A. (The Honorable)	00054543
4 Date	5 Payee name	
01/19/2023	Montemayor Pest Control	
6 Amount (\$)	7 Payee address; City; State; Zip Co	de
\$216.50	P. O. Box 2704	
	Harlingen, TX 78551	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office Pest Control
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	
Date	Payee name	
02/16/2023	Montemayor Pest Control	
Amount (\$)	Payee address; City; State; Zip Co	de
\$216.50	P. O. Box 2704	
	Harlingen, TX 78551	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description
EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office Pest Control
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	H	
Date	Payee name	
06/15/2023	Montemayor Pest Control	
Amount (\$)	Payee address; City; State; Zip Co	de
\$216.50	P. O. Box 2704	
	Harlingen, TX 78551	
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District Office Pest Control
		Biodist Gilloc Foot Condo.
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght Office held
expenditure to benefit C/O	Н	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction G	•		/ages	/Contract Labor		OTHER (ente	r a category not	listed above)
_		-			and explains in	1011 10 00	ШРІС	te tills form.	-		(=:::: 0	=, .
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	•	mmission Filers)
	Sch: 24/34 Rpt: 31/72		Martinez, Aı	mando A. (The	Honorable)					00054543	3	
4	Date	5	Payee name									
	02/09/2023		Ozuna, Mar	isa								
6	Amount (\$)	7	Payee addres		Stato:	Zip Co	do					
ľ	` '	 ′	•		State,	Zip Co	ue					
	\$150.00		2014 Jay Dı	ive								
			Donna, TX	78537								
8	PURPOSE	(a)	Category (se	ee Categories listed at	the ten of this scho	odulo)	(b)	Description				
	OF	l`´		s/Donations M		dule)	` ′	:	outsi	de of Texas. C	omplete Schedul	e T.
	EXPENDITURE			Officeholder/Po		ittee		Check if Austin	, TX,	officeholder liv	ing expense	
								Tournament :	Spo	onsorship		
9	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	aht			Office	held	
	expenditure to benefit C/OI	Н					3					
_	D :	_										
	Date		Payee name									
	01/20/2023		Ramirez, Al	pel								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$100.00		1357 Garza									
			Mercedes, 7	TV 70570								
		_										
	PURPOSE OF	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	EXPENDITURE		Advertising	Expense				Check if travel of Check if Austin			omplete Schedul	е Т.
								ш				ne Rio Cook-Off
								Au and Spon	301	3111p 101 31	IIOKIII OII II	ie Nio Cook-Oii
_	- 1:	<u> </u>										
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	O	ffice sou	gnt			Office	neia	
	experience to benefit 6/61											
	Date		Payee name									
	01/15/2023		Randall's G	rocery Store								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	de					
	\$21.95		2301 Ranch	-	,	_,						
	Ψ21.00		2001 Hanor									
			Austin, TX 7	78734		_						
	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				브			omplete Schedul	e T.
	LAI LINDITORE							Check if Austin			ing expense	
								Beverages fo	or O	ffice		
	Complete ONLY if direct		Candidate/Offic	ceholder name	0	ffice sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
l												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/34 Rpt: 32/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	01/18/2023	Residentinsure
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$17.68	4205 Chapel Ridge Rd.
		Lehi, UT 84043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Insurance for Contents in Austin Apartment
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/21/2023	Residentinsure
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.68	4205 Chapel Ridge Rd.
		Lehi, UT 84043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Insurance for Contents in Austin Apartment
	0 1: 0 1: 0	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2023	Residentinsure
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.68	4205 Chapel Ridge Rd.
		Lehi, UT 84043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense
		Insurance for Contents in Austin Apartment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	<u> </u>

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Cor	mmittee	Gift/Awards/Memoria Legal Services	·		/ages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict a category not listed above)
L		_		The Instruction	Guide explains	now to co	mple	ete this form.	_		
1	Total pages Schedule F1:	2							3		(Ethics Commission Filers)
_	Sch: 26/34 Rpt: 33/72	_		rmando A. (Th	e Honorable)				00054543	
4	Date	5	Payee name								
L	01/05/2023		Sam's Club								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de				
	\$126.30		4970 US-29	00							
			Austin, TX	78735							
8	PURPOSE	(a)	Category /s	ee Categories listed a	t the ton of this sch	nedule)	(b)	Description			
	OF EXPENDITURE	<u> </u>		age Expense	. a.c top of tillo 501	.caulc)		_ `	outsi	de of Texas. Com	nplete Schedule T.
	EXPENDITURE			5 1				_		officeholder living	
									Sna	cks, and Dr	y Goods for Capitol
								Office			
9	Complete ONLY if direct		Candidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/OI	H 									
	Date		Payee name								
	01/04/2023		Smith Secu	rity Group							
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de				
	\$37.83		107 Chapai	ral							
			-								
			Weslaco, T	X 78596							
	PURPOSE OF	(a)		ee Categories listed a		nedule)	(b)	Description			
	EXPENDITURE		Office Over	head/Rental E	xpense			=			nplete Schedule T.
								—		officeholder living	
								District Office	. عد	county Syste	5111
_	Complete ONLY if direct	<u> </u>	Pandidate/Offi	ceholder name		Office sou	abt			Office he	eld
	expenditure to benefit C/O		Januluale/OIII	conduct name	,	onice sou	giil			Office III	oiu
\vdash	Data	1	Davis a :								
	Date		Payee name	rity Crows							
	02/02/2023	lacksquare	Smith Secu								
	Amount (\$)		Payee addre		State	; Zip Co	de				
	\$37.83		107 Chapai	ral							
			Weslaco, T	X 78596							
	PURPOSE	(a)	Category (S	ee Categories listed a	t the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Office Over	head/Rental E	xpense						nplete Schedule T.
										officeholder living	
								District Office	: 56	ecurity Syste	2 III
	Complete ONLY if direct	Ļ	Candidato/Offi	ceholder name		Office sou	abt			Office he	old
	expenditure to benefit C/O		Janunate/UIII	cenoidei Haille	(onice sou	yııl			Onice N	cıu
	•										
			_								

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

eimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/34 Rpt: 34/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	03/02/2023	Smith Security Group
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.83	107 Chaparral
		Weslaco, TX 78596
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		District Office Security System
		District Office Security System
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	04/04/2023	Smith Security Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.83	107 Chaparral
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense District office Security System
		District office Security System
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	05/02/2023	Smith Security Group
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.83	107 Chaparral
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
		District Office Security System
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialitate to benefit 6/61	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 28/34 Rpt: 35/72	Martinez, Armando A. (The Honorable) 00054543						
4	Date	5 Payee name						
	06/02/2023	Smith Security Group						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$37.83	107 Chaparral						
		Weslaco, TX 78596						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		District Office Security System						
_								
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held						
	Date	Payee name						
	06/08/2023	South Texas Clutch						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$250.00	1811 Westhaven drive						
		Weslaco, TX 78596						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.						
	ZXI ZXIDITORZ	Check if Austin, TX, officeholder living expense						
		Ad and Sponsorship for Girls Fastpitch Team						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							
	Data							
	Date	Payee name						
	01/17/2023	Spectrum						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$159.96	P. O. Box 60074						
		City of Industry, CA 91716						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Apartment Check if travel outside of Texas. Complete Schedule T.						
		X Check if Austin, TX, officeholder living expense Cable and Internet Services						
		Cable and memor services						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/Ol							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
TTHER (output a colorograph and listed above)

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Cabadula F1:	,
1 Total pages Schedule F1:	
Sch: 29/34 Rpt: 36/72	Martinez, Armando A. (The Honorable) 00054543
4 Date	5 Payee name
02/17/2023	Spectrum
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$163.99	P. O. Box 60074
, , , , , ,	
	City of Industry, CA 91716
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Apartment Check if travel outside of Texas. Complete Schedule T.
	X Check if Austin, TX, officeholder living expense Cable and Internet Services
	Cable and internet Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
S.ponanaro to borioni 0/01	
Date	Payee name
03/17/2023	Spectrum
Amount (\$)	Payee address; City; State; Zip Code
\$163.99	P. O. Box 60074
, , , , , ,	
	City of Industry, CA 01716
	City of Industry, CA 91716
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Apartment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
	Cable and Internet Services
	Sable and internet services
Commission ONII V if dispose	Condidate/Office helder name Office accepts
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
Date	Payee name
04/17/2023	Spectrum
Amount (\$)	Payee address; City; State; Zip Code
\$163.99	P. O. Box 60074
	City of Industry, CA 91716
DUDDOCE	
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Apartment Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Apartment Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
	Cable and Internet Services
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committe Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services The Instruction Guide ex	se Printing Salarie	-	se s/Contract Labor	٦	Fravel in District Fravel Out of Dis DTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	E				3 F	iler ID	(Ethics Commission Filers)
	Sch: 30/34 Rpt: 37/72	Martinez, A	Armando A. (The Hond	orable)			(00054543	
4	Date	5 Payee name	9				-		
	05/17/2023	Spectrum							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip (Code				
	\$163.99	P. O. Box	60074						
		City of Indu	ustry, CA 91716						
8	PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b)	Description			
	OF EXPENDITURE	Apartment				<u>—</u>			plete Schedule T.
	ZAI ZIAZITORZ					Cable and last			
						Cable and Int	terne	et Delvices	
_	Operation Children	0	£ -	0.00				6	-1-1
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office s	ought			Office he	eld
	Date	Payee name	e		·				
	06/20/2023	Spectrum							
	Amount (\$)	Payee addre	ess; City;	State; Zip (Code				
	\$163.99	P. O. Box	60074						
		City of Indu	ustry, CA 91716						
	PURPOSE	(a) Category (See Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Apartment							plete Schedule T.
						Cable and Int		fficeholder living	
						Cable and in	terrie	St Services	
\vdash	Complete ONLY if direct	Candidate/∩f	ficeholder name	Office s	Ought			Office he	7l4
	expenditure to benefit C/O		nocholaci name	Office St	ougni			Onice ne	Jiu
_	5.								
	Date	Payee name							
	01/04/2023		us Fiesta, Inc.						
	Amount (\$)	Payee addr	, ,,	State; Zip (Code				
	\$150.00	220 East 9	th Street						
		Mission, T	X 78572						
	PURPOSE	(a) Category	See Categories listed at the top o	of this schedule)	(b)	Description			
	OF EXPENDITURE	Advertising		,					plete Schedule T.
	THE LADITORE					_	n, TX, o	fficeholder living	g expense
						Program Ad			
	Complete ONLY if direct expenditure to benefit C/Ol		ficeholder name	Office s	ought			Office he	eld
	portattaro to borioni o/Oi	-							

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 31/34 Rpt: 38/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/10/2023	Texas Energy and Climate Caucus
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P. O. Box 2910
		Austin, TX 78768
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wethbership Bues
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/25/2023	Texas House LGBTQ Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	P. O. Box 2910
		Austin, TX 78768
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wellbership Bues
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/25/2023	Texas Women's Health Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P. O. Box 2910
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Membership Dues
		Wiembership Dues
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_							
	Sch: 32/34 Rpt: 39/72	Martinez, Armando A. (The Honorable) 00054543								
4	Date	5 Payee name								
	01/13/2023	Trevino, Frank								
6	Amount (\$)	7 Payee address; City; State; Zip Code	_							
	\$300.00	507 S. 21st Street								
		Donna, TX 78537								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
	OF EXPENDITURE	Advertising Expense								
		Check if Austin, TX, officeholder living expense Ad and Sponsorship for Smokin' on the Rio Cook-C)ff							
		Au and Sponsorship for Smokin on the Nio Cook C	/11							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
ľ	expenditure to benefit C/O									
_	Date	Payee name	_							
	02/09/2023	Vanguard Academy								
	Amount (\$)	Payee address; City; State; Zip Code	_							
	\$250.00	2510 S. Veterans Blvd.								
	,									
		Edinburg, TX 78539								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense Ad and Sponsorship for Golf Tournament Fundrais	≙r							
		The and openies only for confidential and all	٠.							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_							
	expenditure to benefit C/O	H								
	Date	Payee name	_							
	02/14/2023	WA Todd Middle School								
	Amount (\$)	Payee address; City; State; Zip Code	_							
	\$100.00	400 N. D. Salinas Blvd.								
		Donna, TX 78537								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_							
	OF EXPENDITURE	Advertising Expense								
	LAI LINDITORE	Check if Austin, TX, officeholder living expense								
		As and Sponsorship for Dance Team								
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
_										

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 33/34 Rpt: 40/72	Martinez, Armando A. (The Honorable) 00054543
4	Date	5 Payee name
	02/14/2023	Weslaco East High School
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	810 South Pleasantview Drive
		Weslaco, TX 78596
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ad and Sponsorship for Baseball Team
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantic to benefit 6/61	<u> </u>
	Date	Payee name
	01/10/2023	Weslaco High School Softball
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	1005 W. Pike Blvd.
		Weslaco, TX 78596
	PURPOSE	1
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Ad and Sponsorship for Softball Team
	Complete ONII V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_	Date	Power name
	01/26/2023	Payee name Weslaco Lions Club
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	1115 Stone
		Weslaco, TX 78596
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		T diffalassi
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	, ₋ I Cor	mmittee	Gift/Awa Legal Se		orials Exp	ense e explains	Salarie	Expens s/Wages	e /Contract			Travel in Distric Travel Out of Di OTHER (enter a	strict	listed above)
1	Total pages Schedule F1:	2	FILER NAM	E								3	Filer ID	(Ethics C	ommission Filers)
	Sch: 34/34 Rpt: 41/72		Martinez, A	Armand	do A. (T	The Ho	norable)					00054543		
4	Date	5	Payee name												
	01/25/2023		Weslaco P	ower L	ifting										
6	Amount (\$)	7	Payee addr	ess;	City;		State	e; Zip (Code						
	\$100.00		1005 West	Pike E	Blvd.										
			Weslaco,	TX 785	96										
8	PURPOSE	(a)	Category (See Categ	ories listed	d at the to	p of this sc	hedule)	(b)	Descri	ption				
	OF EXPENDITURE		Advertising							_			de of Texas. Con		le T.
l													officeholder livin	g expense	
										Ad an	d Spor	isor	snip		
L															
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Of	ficehold	er name	е		Office so	ought				Office h	eld	

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 42/72 Martinez, Armando A. (The Honorable) 00054543 \$ TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date Payee name 01/10/2023 Mid Valley Care, LLC Amount (\$) Payee address; State; Zip Code \$86,400.00 400 S. Bicentennial Blvd. McAllen, TX 78501 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Total Lease Payments for District Office From Jan.10, 2023, to Jan.14,2025. (\$3,600/month) Office sought 11 Complete ONLY if direct Candidate/Officeholder name Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/21 Rpt: 43/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/17/2023 Allianz Travel Insurance Amount (\$) Payee address; City; State; Zip Code \$102.35 P. O. Box 71533 Richmond, VA 23255 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel Insurance for Salt Lake City Tickets 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/17/2023 Allianz Travel Insurance Amount (\$) Payee address; City; State; Zip Code \$107.67 P. O. Box 71533 Richmond, VA 23255 TYPE OF Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Travel Insurance for New York City Tickets Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/21 Rpt: 44/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 05/17/2023 **American Airlines** Amount (\$) Payee address; City; State; Zip Code \$1,334.40 3600 Presidential Blvd. Austin, TX 78719 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airline Tickets for Speaking Engagement in Salt Lake City for AGC-Texas 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/17/2023 **American Airlines** Amount (\$) Payee address; City; State; Zip Code \$1,359.41 3600 Presidential Blvd. Austin, TX 78719 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Check if Austin, TX, officeholder living expense Airline Tickets for NALEO Conference in New York Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 3/21 Rpt: 45/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/29/2023 Arturo's Restaurant Amount (\$) Payee address; State; Zip Code \$232.72 2303 W. Expressway 83 Weslaco, TX 78596 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal with Constituents 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/14/2023 Avis Amount (\$) Payee address; City; State; Zip Code \$131.84 2500 National Avenue Arlington, VA 22202 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description X Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Rental Car While In Salt Lake City for AGC-Texas Speaking Engagement Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/21 Rpt: 46/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/26/2023 **Devil May Care** Amount (\$) Payee address; State; Zip Code City; \$543.66 500 W. 6th Street Austin, TX 78701 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and Beverage for Members at End of Session Event 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/11/2023 Din Ho Chinese Bar BQ Amount (\$) Payee address; City; State; Zip Code \$59.89 8557 Research Blvd., #116 Austin, TX 78758 TYPE OF Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal with Representatives Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/21 Rpt: 47/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 01/11/2023 Fairfield Food Mart Amount (\$) Payee address; State; Zip Code \$51.12 8538 Research Blvd. Austin, TX 78758 TYPE OF Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Austin Apartment **EXPENDITURE** Check if Austin, TX, officeholder living expense Food and Dry Goods 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/11/2023 GoDaddy Amount (\$) Payee address; City; State; Zip Code \$40.34 14455 N. Hayden Street Ste. 219 Scottsdale, AZ 85260 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Domain Name Renewal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 6/21 Rpt: 48/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 06/03/2023 GoDaddy Amount (\$) Payee address; City; State; Zip Code \$255.71 14455 N. Hayden Street Ste. 219 Scottsdale, AZ 85260 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Website 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/03/2023 Hello Flowers Amount (\$) Payee address; City; State; Zip Code \$253.19 407 E. Fort Street Detroit, MI 48226 **TYPE OF** Non-Political Χ Political **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Gift/Awards/Memorials Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Flowers for Funeral Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 7/21 Rpt: 49/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Payee name 5 Date 05/21/2023 Lakeway Marina Amount (\$) Payee address; State; Zip Code City; \$316.95 103 A Lakeway Dr. Lakeway, TX 78734 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Gas for Boat to Take Members on a Lake Tour 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/25/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$18.72 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 8/21 Rpt: 50/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/16/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$36.87 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/17/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$15.47 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/21 Rpt: 51/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 02/21/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$23.01 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 01/27/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$25.96 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/21 Rpt: 52/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 01/17/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$21.56 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/03/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$29.30 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 11/21 Rpt: 53/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/16/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$17.08 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/17/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$35.66 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 12/21 Rpt: 54/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/23/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$38.43 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/25/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$30.89 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 13/21 Rpt: 55/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/31/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$15.91 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/13/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$18.13 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 14/21 Rpt: 56/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/14/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$17.57 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/22/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$26.64 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/21 Rpt: 57/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 04/26/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$12.77 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 04/28/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$28.10 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/21 Rpt: 58/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/18/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$94.76 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/19/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$36.06 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 17/21 Rpt: 59/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/20/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$15.91 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/26/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$18.39 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 18/21 Rpt: 60/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/27/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$28.40 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/28/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$55.16 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out of District Gift/Awards/Memorials Expense Legal Services OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 19/21 Rpt: 61/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 05/29/2023 Lyft Amount (\$) Payee address; State; Zip Code City; \$23.89 548 Market Street San Francisco, CA 94104 **TYPE OF** Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/17/2023 Lyft Amount (\$) Payee address; City; State; Zip Code \$15.27 548 Market Street San Francisco, CA 94104 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fee for Rideshare Service in Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 20/21 Rpt: 62/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 03/07/2023 **NALEO** Amount (\$) Payee address; City; State; Zip Code \$600.00 1000 Corporate Center Dr., Ste. 310 Monterey Park, TX 91754 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Registration Fee for NALEO Conference 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/28/2023 **PMC** Amount (\$) Payee address; City; State; Zip Code \$21.11 3713 Charlotte Ave Nashville, TN 37209 **TYPE OF** Non-Political Political Χ **EXPENDITURE PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Valet Fee In Austin Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 21/21 Rpt: 63/72 Martinez, Armando A. (The Honorable) 00054543 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date Payee name 01/02/2023 Poncho's Restaurant Amount (\$) Payee address; State; Zip Code \$30.30 601 W. Expressway 83 McAllen, TX 78503 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meal with Constituent 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Git/Awards/Memorials Ex Legal Services The Instruction Guid			xpense Vages/Contract Labor	Travel III District Travel Out of Distr OTHER (enter a ca	ct ategory not listed above)	
1	Total pages Schedule G:	2 FILER	NAME				3 Filer ID (Eth	ics Commission Filers)	
	Sch: 1/8 Rpt: 64/72	Martii	ez, Armando A. (The Honorable) 00054543						
4	Date	5 Payee	name				•		
	05/20/2023	Amer	ican Express						
6	Amount (\$)	7 Payee	address; City;	State;	Zip Co	ode			
	\$40.34	P. O.	Box 650448						
	Reimbursement from political contributions intended	Dalla	s, TX 75265						
8	PURPOSE	(a) Categ	Ory (See Categories listed at the	top of this sche	edule)	(b) Description	=	of Texas. Complete Schedule T.	
	OF EXPENDITURE	Credi	t Card Payment			L	Check if Austin, TX, or	fficeholder living expense	
						Payment			
		<u> </u>							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/Officeholder name			Office sought	Off	ice held	
	Date	Payee	name						
	03/20/2023	Amer	ican Express						
	Amount (\$)	Payee	address; City;	State;	Zip Co	ode			
	\$600.00	P. O.	Box 650448						
	Reimbursement from								
	x political contributions intended	Dalla	s, TX 75265						
	PURPOSE	Categ	Ory (See Categories listed at the	top of this sche	dule)	Description	Check if travel outside	of Texas. Complete Schedule T.	
	OF EXPENDITURE	Credi	t Card Payment			[Check if Austin, TX, or	fficeholder living expense	
	EXI ENDITORE					Payment			
		Candidate	/Officeholder name			Office sought	Off	ice held	
	expenditure to benefit C/OH								
	Date								
	Date	1 1	name						
	06/20/2023		ican Express						
	Amount (\$)	l í	address; City;	State;	Zip Co	ode			
	\$931.21	P. O.	Box 650448						
	X Reimbursement from political contributions intended	Dalla	s, TX 75265						
	PURPOSE	Categ	Ory (See Categories listed at the	top of this sche	dule)	Description		of Texas. Complete Schedule T.	
	OF EXPENDITURE	Credi	t Card Payment			_ L	Check if Austin, TX, or	fficeholder living expense	
						Payment			
	Complete ON II V If allow	Camalists	/Office healden :			Office and the	0"	in a hald	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	/Officeholder name			Office sought	Off	ice held	

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
L	Credit Card Fayincill		The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAM	E			3	Filer ID (Ethics Commission Filers)				
	Sch: 2/8 Rpt: 65/72	Martinez, A	rmando A. (The Honorable)			00054543				
4	Date	5 Payee name	;								
	05/11/2023	Chick-fil-A									
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode						
	\$153.55	6th and Co	ngress Ave.								
	Reimbursement from										
	X political contributions intended	Austin, TX	Austin, TX 78701								
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Food/Beve	rage Expense		<u> </u>	_	eck if Austin, TX, officeholder living expense				
					Food For Recept	tion	ın Capitol Office				
9	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held				
	C/OH										
H	Date	Payee name	1								
	01/15/2023	Citibank - N									
\vdash	Amount (\$)	Payee addre		; Zip Co	ode						
	\$111.01	1	P. O. Box 78045								
	Reimbursement from political contributions intended Phoenix, AZ 78062-8045										
	PURPOSE		See Categories listed at the top of this sch	andula)	Description	T Ch	eck if travel outside of Texas. Complete Schedule T.				
	OF	Category (s	ieuuie)		_	eck if Austin, TX, officeholder living expense					
	EXPENDITURE	Siedil Call	ar ayıncın		Payment	_					
	Complete ONLY if direct	<u>.</u> Candidate/Office	holder name		Office sought		Office held				
	expenditure to benefit C/OH				-						
	0,011										
	Date	Payee name									
	02/15/2023	Citibank - N	Mastercard								
	Amount (\$)	Payee addre		; Zip Co	ode						
	\$66.24	P. O. Box 7	78045								
	Reimbursement from political contributions										
L	x political contributions intended	Phoenix, A	Z 78062-8045								
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	=	eck if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Credit Card	d Payment			Ch	eck if Austin, TX, officeholder living expense				
					Payment						
	Operation ONE V. C. F.	0	h-1d		0#5		O#: k-!!				
	Complete ONLY if direct expenditure to benefit	Candidate/Office	noider name		Office sought		Office held				
L	C/OH										

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
_	Sch: 3/8 Rpt: 66/72	_	Martinez, Armando A. (The Honorable)			3	00054543		
4	Date	5	Payee name						
	03/15/2023		Citibank - Mastercard						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode				
	\$104.65		P. O. Box 78045	•					
	Reimbursement from political contributions intended		Phoenix, AZ 78062-8045						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	Ch	neck if travel outside of Texas. Complete Schedule T.		
	OF	<u> `</u> `	Credit Card Payment	,	l`´	Cr	neck if Austin, TX, officeholder living expense		
	EXPENDITURE		orean conditions		Payment	_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		
	Date		Payee name						
	04/15/2023		Citibank - Mastercard						
	Amount (\$)	H	Payee address; City; State;	Zip Co	nde				
	\$173.67		P. O. Box 78045	p =					
	,		1. C. Box 10040						
	X Reimbursement from political contributions intended		Phoenix, AZ 78062-8045						
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	Cr	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Credit Card Payment			neck if Austin, TX, officeholder living expense			
	EXI ENDITORE				Payment				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		
	Date	Г	Payee name						
	05/15/2023		Citibank - Mastercard						
_	Amount (\$)	\vdash	Payee address; City; State;	Zip Co	nde				
	\$67.51		P. O. Box 78045	_,, 00					
			1 . C. Box 10040						
	Reimbursement from political contributions intended		Phoenix, AZ 78062-8045						
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	⊒ _	neck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Credit Card Payment		L	Cr	neck if Austin, TX, officeholder living expense		
					Payment				
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Constributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Transportation Equipment & Reis Travel in District Travel Out of District OTHER (enter a category not list				
		1	The Instruction Guide explains	HOW TO CC	mpiete tilis iOIIII.	_					
1	Total pages Schedule G: Sch: 4/8 Rpt: 67/72	2 FILER NAM	E Armando A. (The Honorable	\		1	Filer ID (Ethics Commi 00054543	ission Filers)			
	·		Amando A. (The Honorable)		<u> </u>	00054545				
4	Date 05/26/2023	5 Payee name Citibank - I									
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode						
	\$3,000.00	l ´	P. O. Box 78045								
	Reimbursement from political contributions intended	Phoenix, A	Phoenix, AZ 78062-8045								
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Che	eck if travel outside of Texas. Co	mplete Schedule T.			
	OF	Credit Card	d Payment			Che	eck if Austin, TX, officeholder livin	ig expense			
	EXPENDITURE		•		Payment						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held				
	Date	Payee name	2								
	06/15/2023	Citibank - I									
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode						
	\$212.78	P. O. Box									
	Reimbursement from										
	x political contributions intended	Phoenix, A	Z 78062-8045								
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Co	mplete Schedule T.			
	OF EXPENDITURE	Credit Card	d Payment			Che	eck if Austin, TX, officeholder livin	ig expense			
					Payment						
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought		Office held				
	C/OH										
H	Data										
	Date	Payee name		0							
_	04/12/2023		angler Photographic Design								
	Amount (\$)	Payee addre	•	; Zip Co	ode						
	\$399.00	235 Point I	LICK Drive								
	Reimbursement from political contributions intended	Charleston	, WV 25306								
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texas. Co	mplete Schedule T.			
	OF EXPENDITURE	Fees			[Che	eck if Austin, TX, officeholder livin	ig expense			
	LAI ENDITORE				Texas House of Portrait	Rep	resentatives 2023 Pan	oramic Group			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Office	eholder name		Office sought		Office held				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla		Expense Wages/Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NA	AME			3	Filer ID (Ethics Commission Filers)
	Sch: 5/8 Rpt: 68/72	Martinez	r, Armando A. (The Honoral	ole)			00054543
4	Date	5 Payee na	me			<u> </u>	
	02/02/2023		arden Inn				
6	Amount (\$)	7 Payee ad	dress; City; Sta	ate; Zip C	ode		
ľ	\$257.50	l í	L7th Street	ate, zip e	ouc		
	Reimbursement from political contributions intended		TX 78701				
8	PURPOSE	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Hotel				CI	heck if Austin, TX, officeholder living expense
					Room for District	Sta	aff to Attend Training at Capitol
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought		Office held
	Date	Payee na	me				
	05/02/2023	MGM Pr	inting				
	Amount (\$)	Payee ad	dress; City; Sta	ate; Zip C	ode		
	\$452.17	1200 Ea	st hackberry Avenue				
	Reimbursement from	Suite H					
	X political contributions intended	McAllen	TX 78501				
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertis	ing Expense			CI	heck if Austin, TX, officeholder living expense
	EXI ENDITORE				Shirts for Weslac	o F	ligh School Softball Team
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought		Office held
	Date	Payee na	me				
	05/15/2023	McBride	's Guns, Inc.				
	Amount (\$)	Payee ad	dress; City; Sta	ate; Zip C	ode		
	\$77.12	2915 Sa	n Gabriel Street				
	Reimbursement from political contributions intended	Ausrin, 1	TX 78705				
	PURPOSE	Category	(See Categories listed at the top of this	schedule)	Description	=	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Gift/Awa	rds/Memorials Expense		L	_	heck if Austin, TX, officeholder living expense
					Pro-Rata Portion Session Gift	for	CRT Chairman's Committee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Of	ficeholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services Salaries/Wages/Contract Labor	е	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.		
1	Total pages Schedule G:	FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 6/8 Rpt: 69/72	Martinez, Armando A. (The Honorable)		00054543
4	Date	Payee name		
	01/05/2023	Mid Valley Care, LLC		
6	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,000.00	400 S. Bicentennial Blvd.		
	Reimbursement from			
	X political contributions intended	McAllen, TX 78501		
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description		check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense		theck if Austin, TX, officeholder living expense
	LAFENDITORE	District Office	Rent	
9		andidate/Officeholder name Office sough	it	Office held
	expenditure to benefit C/OH			
H	Date	Payee name		
	02/05/2023	Mid Valley Care, LLC		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$2,000.00	400 S. Bicentennial Blvd.		
	Reimbursement from			
	political contributions intended	McAllen, TX 78501		
	PURPOSE	Category (See Categories listed at the top of this schedule) Description		check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense	ш	check if Austin, TX, officeholder living expense
		District Office	Rent	
	Complete ONLY if direct expenditure to benefit	andidate/Officeholder name Office sough	it	Office held
	C/OH			
	Date	Davida nama		
	03/05/2023	Payee name Mid Valley Care, LLC		
		•		
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code 400 S. Bicentennial Blvd.		
		400 S. Dicentennial Bivu.		
	X Reimbursement from political contributions intended	McAllen, TX 78501		
	PURPOSE	Category (See Categories listed at the top of this schedule) Description		check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Office Overhead/Rental Expense		check if Austin, TX, officeholder living expense
		District Office	Rent	
	Complete ONLY if direct expenditure to benefit	andidate/Officeholder name Office sough	ıt	Office held
	C/OH			
H				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in Dis Travel Out o				
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAMI	Ξ			3	Filer ID	(Ethics Commission Filers)			
	Sch: 7/8 Rpt: 70/72	Martinez, A	rmando A. (The Honorable))		(0005454	13			
4	Date	5 Payee name									
	04/05/2023	Mid Valley									
6	Amount (\$)	7 Payee addre	ess; City; State;	Zip Co	ode						
	\$2,000.00 400 S. Bicentennial Blvd.										
	Reimbursement from										
	X political contributions intended	McAllen, T	X 78501								
8	PURPOSE	(a) Category (S	ee Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel o	outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin,	, TX, officeholder living expense			
	LAI LINDITORE				District Office Re	ent					
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										
		ī									
	Date	Payee name									
	05/05/2023	Mid Valley									
Amount (\$) Payee address; City; State; Zip Code											
\$2,000.00 400 S. Bicentennial Blvd.											
	Reimbursement from										
	X political contributions intended	McAllen, T	X 78501								
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Che	eck if travel o	outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Over	head/Rental Expense		Check if Austin, TX, officeholder living expense						
	LAFENDITORE				District Office Re	ent					
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										
	Date	Payee name									
	06/05/2023	Mid Valley	Care, LLC								
	Amount (\$)	Payee addre	ess; City; State;	Zip Co	ode						
	\$2,000.00	400 S. Bice	entennial Blvd.								
	Reimbursement from										
	X political contributions intended	McAllen, T	X 78501								
	PURPOSE	Category (S	ee Categories listed at the top of this sch	edule)	Description	Che	eck if travel o	outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Office Over	head/Rental Expense			Che	eck if Austin,	, TX, officeholder living expense			
	LAI LINDITORE				District Office Re	ent					
		Candidate/Office	holder name		Office sought			Office held			
	expenditure to benefit C/OH										
_	0,011										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 8/8 Rpt: 71/72 Martinez, Armando A. (The Honorable) 00054543 Date Payee name 05/19/2023 i Fratelli 6 Amount (\$) Payee address; City; State; Zip Code 501 W. 15th Street, Ste. C \$18.27 Reimbursement from political contributions intended Х Austin, TX 78701 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Food/Beverage Expense **EXPENDITURE** Meal with Staff Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/1 Rpt: 72/72									
2 FILER NAME Martinez, Armando A. (The Honorable)					3 Filer ID (Ethics Commission Filers) 00054543									
4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines														
5 Contribution / Expenditure reported on:														
Schedule A2														
Schedule F2	X Schedule F4 Schedule G Schedule H Schedule COH-UC													
6 Dates of Travel	7 Name of person(s) traveling Martinez, Armando (Rep.)													
	8 Departure city or name of departure location													
06/10/2023 McAllen, Texas														
	9 Destin	9 Destination city or name of destination location												
06/10/2023	Salt Lake City, Utah													
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)														
Commercial Airplane To Speak at AGC Conference.														
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee														
American Airlines														
Contribution / Expenditure reported on:														
Schedule A2	Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1													
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC									
Dates of Travel	Dates of Travel Name of person(s) traveling													
	Martinez, Armando (Rep.)													
	Departure city or name of departure location McAllen, Texas													
07/09/2023														
	Destination city or name of destination location													
07/09/2023	07/09/2023 New York													
Means of transportation Purpose of travel (including name of conference, seminar, or other event)														
Commercial Airplane To Attend the NALEO Conference and Board Meeting.														
Name of Contributor / Corporation or Labor Organization / Pledgor /Payee														
Avis														
Contribution / Expenditure reported on:														
Schedule A2		Schedule B	Schedule B(J)	Schedule C2	Schedule D	Schedule F1								
Schedule F2	X	Schedule F4	Schedule G	Schedule H	Schedule COH-UC									
Dates of Travel Name of person(s) traveling														
	Armando, Martinez (Rep.)													
Departure city or name of departure location McAllen Destination city or name of destination location														
							06/10/2023	Salt Lake City						
							Means of transportation Purpose of travel (including name of conference, seminar, or other event)							
Commercial Airplane To Speak at AGC - Texas Conference.														